

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MM		03-19-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	FMR	1018	5/2/01

Response

INDEX OF CLAIMS 1019 02-25-02

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral) Canceled
- ÷ ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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